

~~(Unit Letterhead)~~

MEMORANDUM FOR (Soldier's Name and Address)

(Date)

Drop
Down
Box

SUBJECT: Letter of Instructions - Unexcused Absence

Check
Box
Option

1. Attendance records of this unit show you were:

☐ Absent from the scheduled unit training assembly (UTA) or multiple unit training assembly (MUTA) on _____ (periods and dates).

or

☐ Charged with unexcused on _____ (periods and date) because

☐ Improper military appearance, or

☐ Unsatisfactory performance of assigned duties.

2. Under Army Regulation 135-91, you are required to attend all scheduled unit training assemblies and annual training periods. In addition, you are required to participate in a satisfactory manner with regard to proper military appearance and performance of assigned duties.

3. Unless the absences indicated in paragraph 1 are excused, you will have accrued _____ unexcused absences within a 1-year period. The 1-year period begins on the date you incur your first unexcused absence.

4. Absences from training assemblies may be excused only for the reasons of sickness, injury, emergency, or other circumstances beyond your control. If your absence was for one of these reasons, you should furnish this unit an appropriate affidavit or certification by a doctor, medical officer, or other person(s) having specific knowledge of the emergency or circumstances, requesting that this be excused. Your absence cannot be excused unless your request and affidavit(s) or certificate(s), are received within 15 days of date you receive this letter.

5. You will be notified in writing within 10 days after we receive your request as to whether your absence will be excused.

6. If you have family responsibilities that are causing a hardship or if your civilian job is of critical importance to the national or community health, safety, or interest, you should contact me so that I can advise and assist you in the proper procedures to resolve these problems.

7. As you are aware, if you accumulate nine unexcused absences within a one-year period, you become an unsatisfactory participant and you will be processed for separation from the Selected Reserve either by reassignment or discharge. You should be aware that the separation could result in pay grade reduction and an other than honorable characterization of your military service. In addition, if you are entitled to educational assistance under the Montgomery GI Bill, or to bonus payments, or to loan repayments, based on Selected Reserve service, this separation will terminate any such entitlement and may require you to repay all or a portion of the incentives you received to the U.S. Government. If you are an officer and a recipient of an ROTC scholarship, elimination from Reserve of the Army status may subject you to recoupment of scholarship funds by the U.S. Government.

8. I hope as a result of this letter, you will take immediate steps to resolve your attendance.

9. The next scheduled training assembly for this unit is _____ (time and date).

Electronic Signature Box
Commanders signature

Rank, Branch

(Unit)

Drop Down Box
(Date)

SUBJECT: Letter of Instructions -- Unexcused Absence

TO: _____ FROM: _____ DATE: Drop Down Box

I request to be excused from the assembly(s) mentioned in this letter for the following reason(s). I submit the attached statement from medical doctor or affidavits to support my statement.

Electronic Signature
(Signature)

TO: _____ FROM: _____ DATE: Drop Down Box

Check Box option

☒ Approved ☒ Disapproved: Reason:

Electronic Signature
(Signature of Unit Commander)

Drop Down Box
(Date)

"INCENTIVE PAYMENTS"

UNIT TL# _____

DATE

*Drop Down
Box*

TAGO TL# _____

DATE

*Drop Down
Box*

SUBJECT: Transmission of Bonus/SLRP/HPLR Payments

FROM: Unit Payroll# _____

THRU: Deputy Chief of Staff for Personnel
ATTN: DCSPER-IM
2823 West Main
Rapid City, SD 57702-8186

TO: USP&FO for South Dakota
ATTN: Military Pay Branch
2823 West Main
Rapid City, SD 57702-8186

1. The attached document relating to this unit's incentive participants are forwarded.

2. NAME:

SSN:

INCENTIVE TYPE:

Electronic Signature

CERTIFYING OFFICIAL/COMMANDER/UA

OH-58 PERFORMANCE PLANNING CARD						
HOVER DATA						
AIRCRAFT GWT			FUEL			
LBS			LBS			
PA CUR	PA MAX	FAT CUR	FAT MAX	LOAD AVAIL		
			LBS			
MAX TORQUE AVAIL (CURR./MAX.)						
CONT. TORQUE AVAIL (CURR./MAX.)						
HOVER IGE TORQUE (CURR./MAX.)						
HOVER OGE TORQUE (CURR./MAX.)						
MAX ALLOWABLE GWT IGE (CURR./MAX.)						
MAX ALLOWABLE GWT OGE (CURR./MAX.)						
SAFE PEDAL MARGIN YES NO						
CRUISE DATA						
ALT	FAT (C)		VNE			
IAS		TAS	FUEL	TORQUE		
MAX R/C/ENDURANCE		MAX RANGE				
IAS		IAS				
FUEL MANAGEMENT						
START (TIME / LBS)		STOP (TIME / LBS)		RESERVE (TIME)		
W PPH		BURNOUT (TIME)		BINGO		
				LBS		
REMARKS						

SDNG FORM 95-1 (1 JAN 06)

Previous Editions Obsolete

(4 x 5 3/4 card stock)

~~4 x 5 3/4
card stock~~

OH-58 PERFORMANCE PLANNING CARD						
HOVER DATA						
AIRCRAFT GWT			FUEL			
LBS			LBS			
PA CUR	PA MAX	FAT CUR	FAT MAX	LOAD AVAIL		
			LBS			
MAX TORQUE AVAIL (CURR./MAX.)						
CONT. TORQUE AVAIL (CURR./MAX.)						
HOVER IGE TORQUE (CURR./MAX.)						
HOVER OGE TORQUE (CURR./MAX.)						
MAX ALLOWABLE GWT IGE (CURR./MAX.)						
MAX ALLOWABLE GWT OGE (CURR./MAX.)						
SAFE PEDAL MARGIN YES NO						
CRUISE DATA						
ALT	FAT (C)		VNE			
IAS		TAS	FUEL	TORQUE		
MAX R/C/ENDURANCE		MAX RANGE				
IAS		IAS				
FUEL MANAGEMENT						
START (TIME / LBS)		STOP (TIME / LBS)		RESERVE (TIME)		
FUEL FLOW PPH		BURNOUT (TIME)		BINGO		
				LBS		
REMARKS						

SDNG FORM 95-1 (1 JAN 06)

Previous Editions Obsolete

SOLDIER SELECTION BOARD RATING SHEET

NAME: _____ RANK: _____ PMOS: _____ SSN: _____
 UNIT: _____ PHONE: _____ DATE: Drop Down Box

TOPIC	MAXIMUM POINTS POSSIBLE	POINTS AWARDED
Military bearing, interest, and participation in unit activities and attitude toward the National Guard.	15	Drop Down Box 0-15
Oral expression.	10	Drop Down Box 0-10
World affairs, current events, military history and public relations.	15	Drop Down Box 0-15
Knowledge of PMOS and job aptitude and attitude.	25	Drop Down Box 0-25
General military subjects (individual weapon, first aid, leadership, drill and ceremonies, promotion system, CBR, maintenance).*	25	Drop Down Box 0-25
Army Programs (American Red Cross, Army Emergency Relief, Combined Federal Campaign, Equal Opportunity Program, Alcohol and drug abuse).*	10	Drop Down Box 0-10
TOTAL POINTS POSSIBLE: 100		TOTAL POINTS AWARDED: <u>Drop Down Box 0-100</u>

*Indicates list is not all inclusive.

REMARKS:

BOARD MEMBER: Electronic signature
 (Rank/Signature)

AIRMAN SELECTION BOARD RATING SHEET

NAME: _____ RANK: _____ DAFSC: _____ SSN: _____
 UNIT: _____ PHONE: _____ DATE: Drop Down Box

TOPIC	POINTS POSSIBLE	POINTS AWARDED
Job knowledge or leadership qualities applied to a specific Air Force or ANG Program or combat situation, or development of new techniques that resulted in significantly increased mission effectiveness.	25	<u>Drop Down Box</u> 0-25
Significant self-improvement through off-duty schooling, achievement in professional or cultural societies or associations, development of creative abilities, etc.	25	<u>Drop Down Box</u> 0-25
Leadership in social, cultural or religious activities in the military and/or civilian community that tangibly or intangibly contributed to community or group welfare, morale or status.	10	<u>Drop Down Box</u> 0-10
Any other accomplishments that by their nature or results distinguish the airman from others of equal or higher grade.	10	<u>Drop Down Box</u> 0-10
Air Force, ANG or civilian awards, prizes, titles, certificates of appreciation, etc, obtained as recognition for personal services rendered or contributions made to military and/or civilian community life.	10	<u>Drop Down Box</u> 0-10
Demonstrated ability as an articulate and positive spokesman for the Air Force and the Air National Guard.	10	<u>Drop Down Box</u> 0-10
Oral expression.	10	<u>Drop Down Box</u> 0-10
TOTAL POINTS POSSIBLE: <u>100</u>		TOTAL POINTS AWARDED: <u>Drop Down Box</u> 0-100
REMARKS:		

Board Member: Electronic Signature
 (Rank/Signature)

SDNG Form 108A (29 Jun 92)

For use of this form see SDNG PAM 672-1/SDANG PAM 900-1

~~SECRET~~

REQUEST FOR IDENTIFICATION TAGS		Date of Request
TO: AGO, Department of Military and Veterans Affairs ATTN: SDMPO-E Camp Rapid, Rapid City SD 57702	FROM:	

Information provided is limited to 18 spaces per line with a maximum of 5 lines. Refer to Notes 1 thru 5, below, for additional instructions.

Request Identification Tags be issued for:

Line 1:

Last Name, First Name, Middle Initial (See Note 1)

Line 2:

Line 3: Drop Down Box
Listed Below (options)

Social Security Number (See Note 2)

Blood Group and Type (See Note 3)

Line 4:

Line 5: Drop Down Box
options Listed Below

(See Note 1)

Religious Preference (See Note 5)

Electronic Signature
(Commander/AST)

Note 1. Last name, first name, middle initial of wearer. Example: Smith, John
2. If the full name cannot be embossed on the first line, put the last name on line 1, the first name and middle initial on line 2. Advance each remaining line. If a US National, the name will be the same as shown on passport or ID Card.

2. Social Security Number. Hyphenate between third and fourth digits and between fifth and sixth. Example: 000-00-0000.

Check Box options
3. Blood Group & Type. Record as "A", "B", "AB", or "O", followed by "POS" or "NEG". Do not use plus (+) or minus (-) signs to record blood type.

4. See Note 1.

5. Religious Preference. Spell out when possible. Examples.
Assembly of God Church of God Moslem
Baptist Eastern Orthodox Protestant
Buddhist Jewish Roman Catholic

Use contractions and abbreviations when the name exceeds 18 spaces.

EXAMPLES American Evangelical Christian Church - AMER EVANG CHR CH
United Free Will Baptist - U FREE BAPT
Christ Unity Science Church - CHR UNITY SCI CH
Evangelical Lutheran - EVANG LUTH
African Methodist Episcopal Church - AF METH EPISC CH
Conservative Amish Mennonite - CON AMISH MENNON
General Church of New Jerusalem - CH NEW JERUSALEM
Bohemian and Moravian Brethren - BOH MORAVIAN BRETH
North American Old Roman Catholic Church - NA OLD ROMAN CATH
Orthodox Presbyterian Church - ORTHO PRESBY CH

SDUG Form 107-R (2007) "No Preference" if a person does not wish to designate preference.

MONTGOMERY GI BILL APPLICATION - CHAPTER 106

SECTION I ----- TO BE COMPLETED BY THE UNIT:

Applicant Name: _____ SSN: _____ RANK: _____

Unit, Address & PRN: _____

Finish the following checklist, attach the needed documents and send to:
SDMPO-ESO, 2823 West Main Street, Rapid City, SD 57702-8186.

1. Does the soldier have a six year reserve obligation on or after 1 Jul 85*? **Enclose copy of DD Form 1966/2, DA 4836 or DA 5447-R which establishes six year obligation.**

2. Is the soldier a high school graduate or equivalent?

3. Is the soldier receiving an ROTC scholarship?

4. Is the soldier currently on AGR tour?

5. Has the soldier completed IADT or equivalent? (An SMP who has been designated MS III in ROTC meets this requirement.)
Enclose copy of DD Form 214 or Rotc contract

6. **Has the soldier signed DD Form 2384(-1), Notice of Basic Eligibility (NOBE)?****

Check Box Option	
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N

IF ALL ANSWERS ARE WITHIN THE BLOCKED COLUMN OR ARE NOT APPLICABLE, THE SOLDIER IS ELIGIBLE FOR CHAPTER 106 MGIB BENEFITS.

Date soldier completed high school or equivalent:

Date soldier enlisted, extended, or signed DA Form 5447-R:

Date soldier completed IADT or equivalent: (ADD ONE DAY)

DATE OF ELIGIBILITY IS THE MOST RECENT OF THE ABOVE DATES:

*Soldiers seeking Chapter 106 MGIB enhancements must have a six year reserve obligation **ON OR AFTER 1 October 1990.**

**The ESO will sign all NOBE's as certifying official.

I certify that the above named soldier is a satisfactory participant in this unit of the South Dakota Army National Guard.

Signature & title: _____ Date: _____

Section II ----- TO BE COMPLETED BY THE EDUCATION SERVICES OFFICE:

Check Box option
☒ Approved Signature: Electronic Signature Date: Drop Down Box
☒ Disapproved Reason: _____

SDNG Form 135-7, Oct 94. Previous editions are obsolete.

STATEMENT OF MILITARY HISTORY

To be attached to application for Federal Employment when applying for promotion or placement.

Name
TE

VACANCY ANNOUNCEMENT NO.

POSITION TITLE

CHRONOLOGICAL STATEMENT OF ACTIVE FEDERAL SERVICE (ARMY, NAVY, AIR FORCE, MARINE CORPS, COAST GUARD, NATIONAL GUARD IN FEDERAL SERVICE AND RESERVE OFFICER ON ACTIVE DUTY).

Dates (Month-Year)		BRANCH	GRADE	MOS/AFSC	POSITION TITLE	ORGANIZATION	TYPE OF DISCHARGE
FROM	TO						
Drop Down Box							

MILITARY SERVICE OTHER THAN ABOVE, (NATIONAL GUARD, US ARMY, NAVY, AIR FORCE, MARINE CORPS RESERVE. ETC., NOT IN FEDERAL SERVICE.)

Dates (Month-Year)		BRANCH	GRADE	MOS/AFSC	POSITION TITLE	ORGANIZATION	TYPE OF DISCHARGE
FROM	TO						
Drop Down Box							

MILITARY EDUCATION - RESIDENT COURSES

optional
Check Box

Name of School & Location	Course	Dates of Attendance	Graduated	
			YES	NO
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

MILITARY EDUCATION - NON-RESIDENT COURSES (CORRESPONDENCE COURSES)

Name of Course	Hours	Completed		Date of Completion
		YES	NO	
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Drop Down Box
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

STATEMENT OF MILITARY HISTORY CONTINUATION

Current Military Assignment (Job Title): _____

(Grade/Rank)

(MOS/AFSC)

(If you are not currently assigned to a unit of the National Guard, indicate below where you have applied for such assignment)

Have you ever been discharged from the Armed Forces or Reserve Forces for physical disqualification, hardship, or reasons other than honorable?

Check Box option
YES ☒ NO ☒

(If your answer is YES, explain below.)

CERTIFICATION OF REGISTRATION STATUS (Only for Individuals Born AFTER 31 Dec 1959)

Check Box option
] ☒ I certify that I am registered with the Selective Service System
] ☒ I certify that I am not registered with the Selective Service System

DETAILED EXPLANATIONS AND ADDITIONAL INFORMATION:

Date Signed: 68
(PLEASE USE INK)

Legal Signature: _____
(PLEASE USE INK)

SOUTH DAKOTA ARMY NATIONAL GUARD
TRAINING SUPPORT MANDAY WORKSHEET

UNIT _____

REPORTING MONTH Drop Down Box

<u>TYPE DUTY CODE</u>	<u>OFF/WO</u>	<u>ENL</u>	<u>TOTAL MANDAYS CONVERTED</u>	<u>BALANCE</u>
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INITIAL FACILITY USE SIGN-UP SHEET

PRIVACY ACT STATEMENT (5 USC 552a)

AUTHORITY: Title 10, USC, Section 3012

PRINCIPAL USE: To document the notice, acceptance and voluntary release of liability for use of a physical fitness facility.

ROUTINE USES: None.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Disclosure is voluntary. Without the requested information the individual will be denied access to and use of the physical fitness facility.

Use of this physical fitness facility and/or its equipment, as evidenced by the users signature below, constitutes knowledge and acceptance of the risks involved in such use. By accepting such risks the user asserts that his or her physical condition will not be harmed or aggravated by such use, that he or she knows how to and will use the equipment properly, and that he or she knows how to and will adequately and properly warm-up before and warm-down after use of the equipment.

By using this physical fitness facility and/or its equipment, as evidenced by the users signature below, the user agrees to indemnify, save and hold the United States, the State of South Dakota, the South Dakota National Guard and their directors, officers, employees and agents harmless from any and all claims, demands, costs, expenses, attorney's fees, losses, causes of action, fines, civil penalties and administrative proceedings for injury or death to persons or damage or loss to property in any way arising from or connected with the use of this facility and/or equipment, and/or the operation or maintenance of the State's facility.

PRINTED NAME

SIGNATURE

DATE

Electronic Signature

Drop Down Box

DAILY FACILITY USE SIGN-UP SHEET

PRIVACY ACT STATEMENT (5 USC 552a)

AUTHORITY: Title 10, USC, Section 3012

PRINCIPAL USE: To document the use of the physical fitness facility and/or its equipment.

ROUTINE USES: None.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Disclosure is voluntary. Without the requested information the individual will be denied access to and use of the physical fitness facility.

PRIOR TO YOUR INITIAL USE OF THIS FACILITY AND/OR EQUIPMENT YOU MUST FIRST READ AND VOLUNTARILY SIGN AN INITIAL FACILITY USE SIGN-UP SHEET, SDNG FORM 350-2-R. THEREAFTER, YOU WILL SIGN THIS FORM PRIOR TO EACH USE.

PRINTED NAME

SIGNATURE

DATE

Electronic Signature

Drop Down Box

INDIVIDUAL TRAINING FILES

350-37a

Privacy Act: A0350-37TRADOC & OPM/GOVT1
Upon transfer or separation of soldier forward those
specified by AR 640-10 with MPRJ and destroy remainder

Name of Soldier: _____

Check Box Option for All (be able to select one or All)

- ☒ DA Form 705 (APFT Report Cards) (Old Cards, Historic)
- ☒ Weapons Qualification Cards
- ☒ DA Form 5286-R (Individual Training Record BCT)
- ☒ DA Form 3349 Physical Profiles
- ☒ DA Form 4856 APFT Counseling Forms
- ☒ Temporary Doctor Slips for APFT excusal

INDIVIDUAL TRAINING FILES

350-37A

Privacy Act: A0350-37 TRADOC & OPM/GOVT1
Upon Transfer or separation of soldier forward those
Specified by AR 640-10 with MPRJ and destroy remainder

Name of soldier: _____

Check Box Option to be able to Select one or all,

- ☒ AFCOS orders for Man Days
- ☒ DD Form 1351-2's submitted for per diem
- ☒ DA Form 1059's
- ☒ Specialized Training Completion Certificates
- ☒ Sub-course Completion Documents
- ☒ Miscellaneous Correspondence relation to Training
Waivers, Discrepancies or Requests

**WORK ORDER REQUEST
SDARNG FACILITIES MANAGEMENT OFFICE**

SECTION 1 TO BE COMPLETED BY PERSON REQUESTING WORK

Date: Drop Down Box

(see reverse for instructions)

Project Location: _____

Facility Name or Building Number: _____

Project Name: _____

Check Box Option

Project Type: New Construction ☒ Renovation ☒ M/R ☒ O&M ☒ Study ☒
(check one) (see reverse for definitions)

Describe in detail the work to be accomplished. Use linear feet, cubic yards, etc. If exact scope is unknown, give a range as close as possible. Attach pictures, maps, sketches, single line drawings or other documentation, as appropriate, to explain the scope of the work to be done.

Explain why this work needs to be accomplished. Explain how unit readiness, security, work efficiency, work safety, quality of life, etc. will be improved. If the work is required for regulatory, building code, etc., compliance, cite the regulation or attach a copy of the document or inspection report.

Estimated cost of project (If proposals for work has been recieved, attach copies.)\$ _____

Desired completion date? Drop Down Box

Requesting Unit or Organization: _____

Contact person: Name: _____

E-Mail Address: _____

Major Subordinate Command/Directorate Concurrence: Electronic Signature

(signature)

Date: Drop Down Box

SECTION 2: FOR FACILITIES MANAGEMENT OFFICE USE ONLY

Project Validation: Electronic Signature
(Signature)

Drop Down Box
(Date)

PIER# _____ Date added to PIER _____

	Funding	Funding ID	Fiscal Year	Amount & (Percentage)
State	_____	_____	_____	\$ _____
Federal	_____	_____	_____	\$ _____
Other	_____	_____	_____	\$ _____
Total				\$ _____

Project Authorization: Electronic Signature
(Signature)

Drop Down Box
(Date)

FMO# _____

Information/Instructions:

Preparation and submission of Work Order Requests is the means by which SDARNG units and organizations initiate non-emergency projects for construction, maintenance and and repair of SDARNG facilities. A complete Work Order Request provides the Facilities Management Office (FMO) with the information needed to validate, prioritize, and execute a project.

Work Order Requests are submitted to the FMO, in hard copy as part of the Long Range Construction, Maintenance and Repair Program (LRCMRP) annual review, validation and funding process. Work Order Requests may be submitted at any time. Upon receipt, the FMO will review the Work Order Requests and either validate it or return it to the requesting unit/organization with an explanation of why the project not be executed. All validated projects will be evaluated as to priority and placed on the LRCMRP list in the August-September time frame annually. The LRCMRP list will be published annually in October, and will list all validated projects in priority order. The LRCMRP list will also indicate projects funded for execution for the fiscal year.

Major Subordinate Command/Directorate Concurrence: Concurrence must be gained from the AO of the 147th FA Bde, 109th EN Gp, or 88th Troop Cmd, or from the Director of a staff section i.e., POTO, MILPO, DOIM, FMO, MSCA, DOL, etc. Work Order Requests received by the FMO without this concurrence will be returned to the requesting unit.

Project Type:

New Construction: Adding new building features or systems to an existing facility, or building a new facility. Examples include replacing keyed door locks with keyless entry devices, replacing single pane glass windows replacing existing bathroom fixtures with ADA-compliant fixtures, etc.

&R (Maintenance and Repair): Repair or replacement of a failed or failing building component or building systems. Examples include roof replacement, boiler replacement, replacement of water-stained ceiling tile, etc.

O&M (Operation and Maintenance): Routine preventive maintenance intended to extend the life expectancy of building components and systems. Examples include painting, caulking, filter replacement, lubrication of bearings, etc.

Study: A technical evaluation of an existing building component or building system to determine its ability to meet the needs of the facility. For example, a study could be conducted to determine if it is more economically to repair or replace a heating system that is failing or has reached its life expectancy.

PERFORMANCE STANDARDS AND ELEMENTS

1. NAME :

2. TITLE AND GRADE :

3. ORGANIZATION :

4. APPRAISAL PERIOD :

5. JOB ELEMENTS :

ELEMENTS 1:

TASK/DUTY STATEMENTS

EXPECTED PERFORMANCE STANDARDS

ELEMENTS 2:

TASK/DUTY STATEMENTS

EXPECTED PERFORMANCE STANDARDS

ELEMENTS 3:

TASK/DUTY STATEMENTS

EXPECTED PERFORMANCE STANDARDS

ELEMENTS 4:

TASK/DUTY STATEMENTS

EXPECTED PERFORMANCE STANDARDS

ELEMENTS 5:

TASK/DUTY STATEMENTS

EXPECTED PERFORMANCE STANDARDS

ELEMENTS 6:

TASK/DUTY STATEMENTS

EXPECTED PERFORMANCE STANDARDS

6.	SIGNATURE	TITLE	DATE
A. APPRAISER	<u>Electronic Signature</u>	_____	<u>Drop Down Box</u>
B. TECHNICIAN*	<u>Electronic Signature</u>	_____	<u>Drop Down Box</u>

****TECHNICIAN'S SIGNATURE ON THIS FORM INDICATES ONLY THAT THE PERFORMANCE STANDARDS AND ELEMENTS HAVE BEEN DISCUSSED WITH THE SUPERVISOR. IT DOES NOT CONSTITUTE AGREEMENT WITH THE ESTABLISHED ELEMENTS AND STANDARDS.***

PERFORMANCE APPRAISAL FORM

1. NAME:

2. TITLE AND GRADE:

3. ORGANIZATION:

4. TYPE OF APPRAISAL:

Check Box option
☒ OFFICIAL ☐ DETAIL

5. APPRAISAL PERIOD:

6. JOB ELEMENTS:

ELEMENT 1:
Element Rating:

ELEMENT 2:
Element Rating:

ELEMENT 3:
Element Rating:

ELEMENT 4:
Element Rating:

ELEMENT 5:
Element Rating:

7. SUMMARY RATING: *Check Box option*
☒ Fully Successful ☒ Marginal ☒ Unacceptable

8. TRIAL/PROBATIONARY PERIOD APPRAISAL: *Check Box option*
☒ RECOMMEND RETENTION ☒ DO NOT RECOMMEND RETENTION

9.	SIGNATURES	TITLE	DATE
A. APPRAISER	<i>Electronic Signature</i>		<i>Drop Down Box</i>
B. TECHNICIAN	<i>[Signature]</i>		<i>[Signature]</i>
C. REVIEWER	<i>[Signature]</i>		<i>[Signature]</i>